

**HIGHER EDUCATION COORDINATING BOARD
DISPLACED HOMEMAKER PROGRAM
2003-2005 Quarterly Report**

Contractor: _____

Report Period: _____

I. INFORMATION AND REFERRAL

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8	Cumulative
<i>Number of requests for information in each category</i>									
Educational Services									0
Employment Services									0
Health Counseling Services									0
Financial Management									0
Legal Counseling and Referral									0
Basic or Immediate Survival Needs									0
TOTAL					0	0	0	0	0

II. SUPPORT SERVICES

	Qtr 5	Qtr 6	Qtr 7	Qtr 8	Cumulative
<i>Number of Instances direct support and assistance were provided</i>					
Educational Services					0
Employment Services					0
Health Counseling Services					0
Financial Management					0
Legal Counseling and Referral					0
Basic or Immediate Survival Needs					0
TOTAL	0	0	0	0	0

III. INTENSIVE INSTRUCTIONAL SERVICES: **Qtr 1** **Qtr 2** **Qtr 3** **Qtr 4** **Qtr 5** **Qtr 6** **Qtr 7** **Qtr 8** **Cumulative**

Enrolled:

Eligible									0
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Ineligible									0
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Total	0	0	0	0	0	0	0	0	0
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Graduated:

Eligible									0
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Ineligible									0
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Total	0	0	0	0	0	0	0	0	0
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Name: _____

Date: _____

Signature: _____

Phone Number: _____

Title: _____

